PT0/S8/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 8		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	ros	NUMBE	ERICED NUMBER		R EXTRA	RATE	FEE		RATE	FEE
	C FEE FR 1.16(a))						s	OR		s
TOTA	IL CLAIMS		minus 20 =			x s =		OR ·	x s _=	
(37 CFR 1.18(c)) INDEPENDENT CLAIMS		AS .				x s =		OR	x s =	
(37 CFR 1.16(b)) mlnus 3 = }							OR			
MULTIPLE DEPENDENT CLAIM PRESENT (3: CFR 1.16(d))						+ 5=		1	+5=	
"If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL (	
CLAIMS AS AMENDED - PART II  (Column 2) (Column 3)						SMALL ENTITY		OR 1	OTHER THAN SMALL ENTITY	
AMENDMENT .		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(cl)	. 68	Minus	- 69	2	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	(0	Minus	6	0	x s=		OR	x s=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR	+s=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)										· .
ENDMENT .		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(cl)	•	Minus	••	£	x s=		OR	x s=	
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x \$=		OR	x \$=	
AMEN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 =		OR	+\$=	
, , , , , , , , , , , , , , , , , , , ,					TOTAL . ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)			_			
AMENDMENT .	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(d)		Minus	**	=	x.s=		OR	X \$=	. :
	Independent (37 CFR 1,16(b))		Minus	***	2	x \$=		OR	x s=	·
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 =		OR	+ \$ =	
$\vdash$	,					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This collection of information is required by 37 CFR.1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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